

UNITED STATES BANKRUPTCY COURT
DISTRICT OF UTAH

In re: Kenneth Alan Ralphs and Camille C Ralphs
Debtors

Case No.
Chapter 7

PAYMENT ADVICES¹ CERTIFICATION

Under 11 U.S.C. § 521(a)(1)(B)(iv), I,² hereby state as follows (select one):

- 1. I have attached hereto, or previously filed with the Court, copies of all payment advices or other evidence of payment received from any employer within 60 days before the date of the filing of my bankruptcy petition.
- 2. I did not receive any payment advices or other evidence of payment at any point during the 60 days before the date of the filing of my bankruptcy petition.
- 3. I received payment advices from an employer during the 60 days before the date of the filing of my bankruptcy petition but have been unable to locate all of the documents or replacements. I understand that if I do not submit all payment advices or other evidence of payment within 45 days from the filing of my bankruptcy petition, my case will be automatically dismissed without further notice or hearing.

I declare under penalty of perjury that the foregoing statement is true and correct to the best of our knowledge, information and belief.

Dated this 27 day of January, 2010.

/s/ Kenneth Alan Ralphs
(Signature of Debtor)

1. A "Payment Advice" includes, but not limited to, pay stubs attached to your paycheck, employer's statements of hours and earnings, deposit notifications, etc.

2. A separate form must be submitted by each debtor in a joint case.

(Mail completed form to: U.S.B.C., 350 South Main Street, Salt Lake City, Utah 84101)

Policy:LTD118583 Provo School District
Claim Number:2009-03-10-0136-LTD-01 Examiner: Doody, Jennifer L.

Benefits are payable after an elimination period of 0120 days plus any periods of interruption

This payment or voucher covers the period 12/29/2009 to 01/01/2010

Your benefit for the period 12/29/2009 to 01/01/2010 is \$203.71 based on your plan.

The following taxes have been deducted:

FIT Withheld \$8.80 for the period 12/29/2009 to 01/01/2010

State Tax Withheld \$1.00 for the period 12/29/2009 to 01/01/2010

Your check amount is: \$203.71

)

Mail To:
Ralphs, Kenneth
1092 N. 800 W.
Orem UT 84057

Policy:LTD118583 Provo School District
Claim Number:2009-03-10-0136-LTD-01 Examiner: Doody, Jennifer L.

) Benefits are payable after an elimination period of 0120 days plus any periods of interruption

This payment or voucher covers the period 11/29/2009 to 12/29/2009

Your benefit for the period 11/29/2009 to 12/29/2009 is \$2037.07 based on your plan.

The following taxes have been deducted:

FIT Withheld \$88.00 for the period 11/29/2009 to 12/29/2009

State Tax Withheld \$10.00 for the period 11/29/2009 to 12/29/2009

Your check amount is: \$2037.07

)

Mail To:
Ralphs,Kenneth
1092 No. 800 W.
Orem UT 84057

Policy:LTD118583 Provo School District
Claim Number:2009-03-10-0136-LTD-01 Examiner: Doody, Jennifer L.

Benefits are payable after an elimination period of 0120 days plus any periods of interruption

This payment or voucher covers the period 10/29/2009 to 11/29/2009

Your benefit for the period 10/29/2009 to 11/29/2009 is \$2037.07 based on your plan.

The following taxes have been deducted:

FIT Withheld \$88.00 for the period 10/29/2009 to 11/29/2009

State Tax Withheld \$10.00 for the period 10/29/2009 to 11/29/2009

Your check amount is: \$2037.07

Mail To:
Ralphs, Kenneth
1092 No. 800 W.
Orem UT 84057

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I declare under penalty of perjury that the foregoing statement is true and correct to the best of our knowledge, information and belief.

Dated this 27 day of January, 2010.

/s/ Camille C Ralphs
(Signature of Debtor)

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2. A separate form must be submitted by each debtor in a joint case.

(Mail completed form to: U.S.B.C., 350 South Main Street, Salt Lake City, Utah 84101)

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DIRECT DEPOSIT INFORMATION

BANK INFORMATION		AMOUNT
BANK	ACCOUNT	
332437765	*****1600	1,160.00

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Rechtsanwälte

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DIRECT DEPOSIT INFORMATION

BANK	ACCOUNT	AMOUNT
32243777765	*****1600	1,600.00

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CAMP T C RALPHS				DATE: 12/1/2009		PERIOD ENDING		12/01/09		EFT NO.		07802643	
EMP ID: 019496		GROSS		TAXABLE		NET PAY		TAX INFO		TAXES		YTD	
CURRENT		100.00	100.00			92.35		FILE STATUS		OASDI		6.20	1,293.73
YEAR TO DATE		21,913.09	20,866.57			16,962.01		EXEMPTIONS		FIT		0.00	1,221.21
EARNINGS		HOURS	RATE	CURRENT	YEAR TO DATE	21,371.20	USEA	M		SIT		0.00	808.39
REGULAR						257.30	FSA ADMN	0		MEDI		1.45	302.56
OTHER						100.00		0.00					
STIPEND						162.24		0.00					
FIELDTRP						22.35		0.00					
SUB								0.00					
LEAVE BALANCE TYPE		BALANCE BEGIN		EARNED	USED	USED	USED YTD	BALANCE END		YTD		141.12	
Sick Leave Balance		141.12	0.00	0.00	0.00	0.00	0.00	91.60		0.00		91.60	
Personal Leave													
EMPLOYER PAID		CURRENT		YTD		YTD		URS INCER		14.22	3,116.04		
MEDICAL								0.00		1,488.48			
OASDI								6.20		1,293.73			
401K								1.50		328.65			
MEDI								1.45		302.56			
WC								1.00		219.08			
LTD								0.00		86.10			
LIFE/ADD								0.00		17.49			

DIRECT DEPOSIT INFORMATION

BANK	ACCOUNT	AMOUNT
2221277765	*****1000	03.25

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Beiträge

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CANMILE C RALPHS		EMP ID: 019496		DATE: 11/13/2009		PERIOD ENDING		EFT NO.		07800845	
		GROSS	TAXABLE	NET PAY		TAX INFO	FEDERAL	STATE		YTD	
CURRENT		2,150.35	1,950.35	1,637.39		FILE STATUS	M	M	OASDI	120.92	1,287.53
YEAR TO DATE		21,813.09	20,766.57	16,869.66		EXEMPTIONS	0	0	FIT	63.79	1,221.21
EARNINGS		HOURS	RATE	CURRENT	YEAR TO DATE	ADDL TAX	0.00	0.00	SIT	72.12	808.39
REGULAR		110.3	18.90	2,083.73	21,371.20	USEA	24.60	268.92	MEDI	28.28	301.11
OTHER		3.0	9.79	29.37	257.30	FSA ADMIN	3.25	9.75			
FIELDTRP		2.5	14.90	37.25	162.24						
SUB					22.35						
<hr/>											
LEAVE BALANCE TYPE		BALANCE BEGIN	EARNED	USED		USED	USED	YTD		BALANCE END	
Sick Leave Balance		141.12	0.00	0.00						141.12	
Personal Leave		91.60	0.00	0.00						91.60	

DIRECT DEPOSIT INFORMATION

BANK	ACCOUNT	AMOUNT
324377765	**** 1680	1,637.39

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